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(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Wesenberg	Investments, LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Terri Wesenberg		
		Name of Person	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	114 E. Magnolia Ave		
		Address	
	Eustis, Florida 32726	City/State and Zip Code	
	beautifulllowersforyou@go	ail.com	
	E-mail address. (to be used for future annual report notif	eation)
For further information of	concerning this matter, please ca	all:	
Terri Wesenberg		352 357-2421	
Name o	of Person	at ()	Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	[2] \$55,00 Filling Fee & Certified Copy (additional copy is enclosed)	Sou.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	SS: ·	Street Address:	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

202) *** -1 PH 5: 15

Wesenberg Investments, LLC	<i>C</i>	
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co		and assigned
Torida document number 1.14000104711	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Г. Moja. L.t.C		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	MESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	I office address on our records, <u>enter th</u>	e name of the new registo
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street address	
	, Flor	ida
•	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

Title	<u>Name</u>	Address	Type of Action
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			□Remove
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ter If the date	is fisted, the date must be inserted in this blue tive date on the Dep	ek does not meet the	applicable statutor	g or more than 90 days a y filing requirements.	ptional) after filing.) Pursuant to 69 this date will not be lis	5.02 ted
	cifies a delayed by after the reco		out not an effect	tive time, at 12:0	1 a.m. on the earl	ier
ed May 27	4	2020	/ ·	_	/	
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Typed or printed name of signee

Filing Fee: \$25.00